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Bib Data Sheet

CONFIRMATION NO. 6009

SERIAL NUMBER 09/368,848	FILING DATE 08/05/1999 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 498-18-DIV/R	
APPLICANTS PETER J. SCHMITT, GARNERVILLE, NY;					
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 08/462,230 06/05/1995 PAT 5,653,746 WHICH IS A DIV OF 08/208,182 03/08/1994 PAT 5,443,499					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/31/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> <u>Allowance</u> Verified and <u>DM</u> Acknowledged <u>Examiner's Signature</u> Initials <u>PA</u>		STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 7
ADDRESS 23869					
TITLE RADIALLY EXPANDABLE TUBULAR PROSTHESIS					
FILING FEE RECEIVED 1426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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09/368,848 REISSUE	08/05/99	623	3738	498-18-DIV/R
APPLICANT PETER J. SCHMITT, GARNERVILLE, NY.				
CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A RE OF 08/462,230 06/05/95 PAT 5,653,746 WHICH IS A DIV OF 08/208,182 03/08/94 PAT 5,443,499				
371 (NAT'L STAGE) DATA*** VERIFIED				
FOREIGN APPLICATIONS*** VERIFIED				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/31/99				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 31
Verified and Acknowledged	Examiner's Initials _____ Initials _____			INDEPENDENT CLAIMS 7
ADDRESS HOFFMANN & BARON LLP 6900 JERICHO TURNPIKE SYOSSET NY 11791				
TITLE RADIALLY EXPANDABLE TUBULAR PROSTHESIS				
FILING FEE RECEIVED \$1,426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	